

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

IN RE	*	BKRTCY. NO. 18-05788 ESL
VARGAS MOLINA, ALBERT	*	CHAPTER 13
xxx-xx-4555	*	
<u>DEBTOR</u>		

**DEBTOR'S NOTICE OF FILING OF *AMENDED SCHEDULES "I" & "J"*  
*OFFICIAL FORMS 106I & 106J***

**TO THE HONORABLE COURT:**

**COMES NOW, ALBERT VARGAS MOLINA**, the Debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1.The Debtor is hereby submitting ***Amended Schedules "I" and "J"***, dated November 27, 2018, herewith and attached to this motion.

2.The amendment to Schedule "I" is filed to include the Debtor's Christmas Bonus of \$600/year/\$554.10 net) and Schedule "J " is filed to state the Debtor's current expenses, pursuant to a Trustee's Report on Confirmation, Docket No. 09, in the above captioned case.

**NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)**

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

**CERTIFICATE OF SERVICE**

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the debtor and to all creditors and interested parties appearing in the master address list, hereby attached.

**RESPECTFULLY SUBMITTED.** In San Juan, Puerto Rico, this 27<sup>th</sup> day of November, 2018.

**/s/Roberto Figueroa Carrasquillo**  
USDC #203614  
RFIGUEROA CARRASQUILLO LAW OFFICE PSC  
ATTORNEY FOR the DEBTOR  
PO BOX 186 CAGUAS PR 00726  
TEL NO 787-744-7699 FAX 787-746-5294  
Email: [rfigueroa@rfclawpr.com](mailto:rfigueroa@rfclawpr.com)

**Fill in this information to identify your case:**

Debtor 1 ALBERT VARGAS MOLINA

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number 3:18-bk-5788  
(if known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form 1061**

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

**Occupation**

**Employer's name**

**Employer's address**

**Debtor 1**

- ☒ Employed
- ☐ Not employed

Administrative Assistant II

Corp del Fondo del Seguro del Estado

PO Box 365028  
San Juan, PR 00936-5028

How long employed there?

20 years

**Debtor 2 or non-filing spouse**

- ☒ Employed
- ☐ Not employed

Regional Director

Departamento de la Familia

Edif Lila Mayoral Ave Barbosa  
#306  
San Juan, PR 00902

1 years and 6 months

**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
--	--------------	-----------------------------------

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2.	\$ <u>3,890.00</u>	\$ <u>5,110.00</u>
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3. Estimate and list monthly overtime pay.

3.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
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4. Calculate gross income. Add line 2 + line 3.

4.	\$ <u>3,890.00</u>	\$ <u>5,110.00</u>
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	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	\$ 3,890.00	\$ 5,110.00	4.
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	\$ 398.84	\$ 0.00	5a.
5b. Mandatory contributions for retirement plans	\$ 0.00	\$ 0.00	5b.
5c. Voluntary contributions for retirement plans	\$ 0.00	\$ 0.00	5c.
5d. Required repayments of retirement fund loans	\$ 0.00	\$ 0.00	5d.
5e. Insurance	\$ 0.00	\$ 0.00	5e.
5f. Domestic support obligations	\$ 0.00	\$ 0.00	5f.
5g. Union dues	\$ 0.00	\$ 0.00	5g.
5h. Other deductions. Specify: <u>Retiro</u>	\$ 661.32	\$ 0.00	5h. +
Coop A/C CFSE	\$ 0.00	\$ 0.00	
Seguro AEELA	\$ 23.58	\$ 0.00	
Aport Emp Cta Ahor AEELA	\$ 116.70	\$ 0.00	
Aport Seg p/Incap Compu	\$ 9.72	\$ 0.00	
Prest Asoc Empl Ela	\$ 0.00	\$ 0.00	
Asume	\$ 1,404.12	\$ 0.00	
Dep de Hacienda	\$ 0.00	\$ 0.00	
Fed FICA Med Hospital Ins/EE	\$ 0.00	\$ 74.10	
Fed OASDI/Disability-EE	\$ 0.00	\$ 316.82	
PR Withholding	\$ 0.00	\$ 517.24	
GPR Plan Aport Definidas	\$ 0.00	\$ 434.36	
SI-Seg Incap Obligatorio	\$ 0.00	\$ 12.78	
AE-Asoc Emp Ela Prest Regular	\$ 0.00	\$ 144.26	
SC-USIC Life Ins Co	\$ 0.00	\$ 57.80	
Ahorros AEELA	\$ 0.00	\$ 153.30	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	\$ 2,614.28	\$ 1,710.66	6.
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$ 1,275.72	\$ 3,399.34	7.
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 0.00	\$ 0.00	8a.
8b. Interest and dividends	\$ 0.00	\$ 0.00	8b.
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 0.00	\$ 0.00	8c.
8d. Unemployment compensation	\$ 0.00	\$ 0.00	8d.
8e. Social Security	\$ 0.00	\$ 0.00	8e.
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	\$ 0.00	\$ 0.00	8f.
8g. Pension or retirement income	\$ 0.00	\$ 0.00	8g.
8h. Other monthly income. Specify: <u>Christmas Bonus (\$600/yr/\$554.10/net)</u>	\$ 46.18	\$ 0.00	8h. +
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	\$ 46.18	\$ 0.00	9.
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ 1,321.90	\$ 3,399.34	10.
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:	11. +\$ 0.00		

Debtor 1 VARGAS MOLINA, ALBERT

Case number (if known) 3:18-bk-5788

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  
Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ 4,721.24

Combined  
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☒

No.

☐

Yes. Explain:

**Fill in this information to identify your case:**

Debtor 1 ALBERT VARGAS MOLINA

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN  
DIVISION

Case number 3:18-bk-5788  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

**Official Form 106J**

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

20

☐ No

☒ Yes

Son

17

☒ No

☐ Yes

Daughter

16

☐ No

☒ Yes

Son

11

☒ No

☐ Yes

WIFE

☐ No

☒ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

**Your expenses**

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 725.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 65.00

4d. \$ 0.00

Debtor 1 VARGAS MOLINA, ALBERT

Case number (if known) 3:18-bk-5788

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<b>284.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>110.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>345.00</b>
6d. Other. Specify: _____	6d. \$	<b>0.00</b>
<b>7. Food and housekeeping supplies</b>	7. \$	<b>1,230.00</b>
<b>8. Childcare and children's education costs</b>	8. \$	<b>871.00</b>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>190.00</b>
<b>10. Personal care products and services</b>	10. \$	<b>156.06</b>
<b>11. Medical and dental expenses</b>	11. \$	<b>28.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>346.85</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>120.00</b>
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>
<b>15. Insurance.</b>		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<b>0.00</b>
15b. Health insurance	15b. \$	<b>0.00</b>
15c. Vehicle insurance	15c. \$	<b>0.00</b>
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
	16. \$	<b>0.00</b>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify: _____	17c. \$	<b>0.00</b>
17d. Other. Specify: _____	17d. \$	<b>0.00</b>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>		
<b>19. Other payments you make to support others who do not live with you.</b>	18. \$	<b>0.00</b>
Specify: _____	\$	<b>0.00</b>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>
<b>21. Other:</b> Specify: <b>Annual Car Registration \$184/12</b>	21. +\$	<b>15.33</b>
<b>Barber/Beauty (Family)</b>	+\$	<b>30.00</b>
<b>22. Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$	<b>4,516.24</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	<b>4,516.24</b>
<b>23. Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<b>4,721.24</b>
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>4,516.24</b>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	<b>205.00</b>
<b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain here: _____		

**Fill in this information to identify your case:**

Debtor 1	<u>ALBERT VARGAS MOLINA</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<u></u>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF PUERTO RICO, SAN JUAN DIVISION</u>		
Case number (if known)	<u>3:18-bk-5788</u>		

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice,  
Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ ALBERT VARGAS MOLINA

ALBERT VARGAS MOLINA

Signature of Debtor 1

Date November 27, 2018

X \_\_\_\_\_

Signature of Debtor 2

Date \_\_\_\_\_

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ld San Juan  
on Nov 26 15:11:23 AST 2018

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Box 15298  
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TOP  
Box 41269 Minillas Station  
an Juan, PR 00940-1269

iscover Bank  
iscover Products Inc  
Box 3025  
ew Albany, OH 43054-3025

yncb/Sams Club  
Box 965005  
rlando, FL 32896-5005

OSE RAMON CARRION MORALES  
BOX 9023884  
AN JUAN, PR 00902-3884

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US Bankruptcy Court District of P.R.  
Jose V Toledo Fed Bldg & US Courthouse  
300 Recinto Sur Street, Room 109  
San Juan, PR 00901-1964

Cornerstone  
PO Box 61047  
Harrisburg, PA 17106-1047

Departamento de Hacienda  
Bankruptcy Section  
235 Ave Arterial Hostos Ste 1504  
San Juan, PR 00918-1451

Discover Fin Svcs LLC  
PO Box 15316  
Wilmington, DE 19850-5316

Synch/tjx Cos  
PO Box 965015  
Orlando, FL 32896-5015

MONSITA LECAROS ARRIBAS  
OFFICE OF THE US TRUSTEE (UST)  
OCHOA BUILDING  
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SAN JUAN, PR 00901

AEELA  
PO Box 364508  
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DEPARTMENT OF TREASURY  
BANKRUPTCY SECTION 424 B  
PO BOX 9024140  
SAN JUAN, PR 00902-4140

Departamento de Hacienda  
PO Box 9024140  
San Juan, PR 00902-4140

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URB LOS AIRES SERENOS 10 ARGON ST  
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ROBERTO FIGUEROA CARRASQUILLO  
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